

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10790866

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		2				
4		2				
5		0				
6		0				
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TOTAL IND.	14					
TOTAL DEP.						
TOTAL CLAIMS	15					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						